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Plastic Bodies: Sex Hormones and Menstrual Suppression in Brazil

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***Plastic Bodies: Sex Hormones and Menstrual Suppression in Brazil.* Emilia Sanabria.
Durham: Duke University Press, 2016.**

Reviewed by Erica Lorraine Williams

Winner of the 2017 Michelle Z. Rosaldo Book Prize from the Association of Feminist Anthropology, Emilia Sanabria's *Plastic Bodies: Sex Hormones and Menstrual Suppression in Brazil* is a compelling ethnography on the role that sex hormones play in contemporary social life in Salvador, Bahia, Brazil. The book raises the question: How are hormones "enrolled to create, mold, or discipline social relations and subjectivities" (5)? Inspired by pharmaceutical anthropology literature, Sanabria adopts an "object-centered approach" that "followed hormones around" to various sites and spaces around the city, including the Center for Research and Assistance in Human Reproduction (CEPARH), the blood donation center (HEMOBA), *farmacias de manipulação* (compounding pharmacies), and the Travestis' Association of Salvador (ATRAS) (5-6). In eighteen months of fieldwork, Sanabria conducted sixty interviews with women across the class spectrum, doctors who worked in both private and public institutions, and pharmaceutical industry employees. She also attended family planning consultations and medical congresses and observed medical procedures.

The book opens by offering crucial background information on the healthcare situation in Brazil. In Salvador, 75% of residents rely on the public healthcare system (Sistema Único de Saúde, SUS), while 25% of the population has private health insurance. Perhaps it was no surprise that many of the gynecologists she met worked in both the private and public sectors. It is quite notable that Sanabria situates hormone use within the frame of other biomedical interventions that are prevalent in Brazil, such as C-sections, plastic surgery, hysterectomy and bariatric surgery. This is significant because Brazil has extremely high rates female sterilization and cesarean births – two facts that speak to "the extensive biomedicalization of Brazilian social life" (28, 41). It is also important to note that in Brazil, people have access to birth control pills over the counter in pharmacies without a prescription (10).

Chapter 1 explores the contradictory and ambivalent ideas about menstrual blood, which inform practices of menstrual suppression. Menstrual blood was often seen as filthy and annoying, yet also understood as offering relief and well-being. With rich ethnographic storytelling, Sanabria highlights the reasons women pursue menstrual suppression in Chapter 2. Menstrual suppression was often seen as a way to regain control over their bodies. Some low-income women use menstrual-suppressive contraceptives to manage the demands of work and motherhood. The major strengths of these two chapters can be found in Sanabria's discussion of cultural beliefs about blood in Salvador, as well as the unexpected support of menstrual suppression that she found among religious practitioners. Some of these cultural beliefs include the idea that releasing blood brings about physical and emotional relief, that blood is closely associated with strength, and that "thick blood" (*sangue grosso*) can stagnate in the body and cause itching, dizziness, and discomfort (119). Furthermore, the body is seen as being "open" and vulnerable during menstruation (*corpo aberto*). In the Afro-Brazilian religion of Candomblé, this cultural belief meant that women were prohibited from engaging in certain ritual obligations during menstruation (99).

In Chapter 3, Sanabria engages in an intriguing discussion of how hormones “sit at the boundary between ‘sex’ and ‘gender,’” and argues that hormones are in fact a gendered substance (105). Testosterone is increasingly being prescribed to women as a way to become desiring, desirable, and super-productive. Perhaps the most interesting part of this chapter is the focus on *travestis*’ use of oral contraceptive pills, hormone replacement therapies, and hormonal contraceptive injections to feminize their bodies. Manuela, an activist for *travesti* rights is noted as saying:

“for us, *hormonio* is an inevitable evil. We have a feminine identity, we want to assume a feminine identity, but because of the prejudice in the medical perspective, hormonal therapies are only given to those who want to prepare themselves for surgery. We are here fighting for the right to be feminine, to have access to the necessary medical care to assume our identity, but without the obligation to undergo surgery, because we want to retain our penis” (109).

Thus, this chapter builds upon the important work by Don Kulick (1998) on *travestis* in Salvador by highlighting their unique gender identity, in which gender confirmation surgery is often not a desired goal.

In Chapter 4, Sanabria asserts that access to medical services is a key indicator of social differences, and she reveals the highly differentiated ways in which public and private patients are treated in reproductive health services in Salvador. This is perhaps the greatest strength of the book. She pays close attention to how both race and class impact the type of medical care one receives. For example, Depo-Provera is widely administered to low-income women with no discussion of its health risks. Secondly, she observed a 23-year-old black woman giving birth, in which the obstetric nurse was “highly unsympathetic to the extreme discomfort” (35). Though the birthing mother worked for a telemarketing company that provided medical insurance, the nurse could not see past her skin color. She also witnessed a black woman in her mid-20s undergoing a tubal ligation who was left naked and uncovered on the operating table while waiting for anesthesia, and whose body was vigorously scrubbed with yellow disinfectant (141). Finally, a patient’s race and class could mean the difference between a hysterectomy performed for a burst ovarian cyst in a public hospital and a keyhole surgery in a private clinic (88).

By offering these examples of unequal treatment in medical institutions, Sanabria makes a very important and timely argument about how medical attention is tied up with discussions of citizenship in Brazil (31). For instance, she highlights two types of citizenship as it pertains to reproductive health in Brazil:

“the **first** – available to the privileged who can afford private health – is founded on notions of personal autonomy, individual choice, and self enhancement, whereas the **second** frames reproductive decisions in terms of the individual’s moral responsibility to the wider collectivity” (132).

Sanabria also develops the concept of *pharmaceutical citizenship*, which considers “how legal citizenship determines access to pharmaceuticals...and the implications of taking pharmaceuticals for a person’s status as a citizen” (133). These notions of citizenship play out in family planning services as well, with public institutions emphasizing population control. To be approved for a

vasectomy, men must undergo an interview with a social worker, who makes a decision on highly subjective grounds that often have to do with race, class, and age of his youngest child.

In Chapter 5, Sanabria describes the marketing of “lifestyle” effects of sex hormones (159). For example, middle and upper-class women often use *hormonio* because it gave them a greater sense of well-being, toned muscles, and an increased libido. She gives the example of Maria do Carmen, a 57-year-old woman who began using hormonal implants after she found out about her husband’s affair with their domestic worker (172). Examining *farmacias de manipulação* (compounding pharmacies), Sanabria describes the resurgence of these pharmacies that “individualize” medicine. All in all, the book argues that “sex hormones have become key therapeutic agents in women’s health and are central to contemporary understanding of the body, sex, and personhood” (4). She uses the concept of plasticity to highlight “the malleability of matter,” claiming everybody is plastic, but Bahians are just less delusional about this fact than others (40). The book provides an excellent example of how one can “study biomedical practices ethnographically” (196). From the perspective of both subject and discussion, Sanabria’s contribution will be useful for scholars of Brazil, Latin American Studies, Gender and Sexuality Studies, medical anthropology, pharmaceutical anthropology, and more.